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ABSTRACT

This publication is the teacher's guide for the competency-based curriculum in prevocational health exploration for secondary students in West Virginia. After the introduction, which provides a rationale for competency-based instruction in the prevocational curriculum, the following sections are included in the guide: development and validation of competencies; functions of the development committee; program organization; resources; and the major section, implementation of curriculum. The curriculum consists of 31 competencies, organized into 10 modules. For each competency, the guide provides the following information, which is used in the student competency sheets provided in the publication, "Student Materials": competency; summary of learning activities; time involved; equipment needed; summary and/or answers to evaluation; and special notes and conditions. The 10 modules included in the prevocational health exploration curriculum are the following: emergency medical technician (EMT); surgical technician; medical laboratory technician; dental assistant; ward clerk; nurse's aide/orderly; respiratory therapist; licensed practical nurse (LPN); medical assistant; and dental laboratory technician. (KC)

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ED201859

Teacher's Guide

Competency Based Education Curriculum

for

PREVOCATIONAL HEALTH EXPLORATION

Prepared by

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CE 028 970

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This curriculum was developed through the cooperation and support of the Bureau of Vocational, Technical and Adult Education, West Virginia Department of Education, Charleston, West Virginia.

March 1981

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PREFACE

It is with great pleasure that we bring you another West Virginia competency based education (CBE) curriculum. This competency based Prevocational Health Exploration curriculum was developed under contract for West Virginia. The effort was coordinated by staff of the West Virginia Department of Education, Bureau of Vocational, Technical and Adult Education.

This document is organized into ten learning modules. The modules and the competencies for each are given in the program organization. Each competency sheet includes a job title, job competency, learning objectives, learning activities and an evaluation.

The competency based Prevocational Health Exploration curriculum was disseminated to West Virginia career education instructors at inservices conducted in the spring and summer of 1981. Additional copies of this curriculum are available from the:

Vocational Curriculum Laboratory
Cedar Lakes Conference Center
Ripley, West Virginia 25271
Toll-free (800) 642-2670

I trust this material will be of assistance in your program. Any suggestions you may have for improving this curriculum may be sent to our state Curriculum Lab. Through this feedback we plan to continually update and revise our materials.

VOCATIONAL, TECHNICAL AND ADULT EDUCATION

Clarence E. Burdette

Clarence E. Burdette
Assistant State Superintendent of Schools

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I. INTRODUCTION

The State Department Bureau of Vocational, Technical and Adult Education offers this prevocational curriculum to you an instructor, because it supports the concept of prevocational education in our schools. The curriculum is presented in a competency based format because it is based on occupational relevancy and can account for skills required by an individual to perform on the job.

It is the Bureau's belief, that if the students are given exposure into the different occupations offered through their vocational system, they will make vocational selection decisions based upon job knowledge and their own aptitudes, interests and abilities.

This curriculum has been written to be self contained as much as possible. The majority of the outside resources are people in the field, called upon to be guest speakers.

The instructor's guide is to be used as a reference for instructors and as an aid in implementing the curriculum in the program. The following sections are included in the guide.

II. Development and Validation of Competencies
III. Functions of the Development Committee
IV. Program Organization
V. Resources
VI. Implementation of Curriculum

II. DEVELOPMENT AND VALIDATION OF COMPETENCIES

The prevocational health curriculum is based upon the occupational areas that are available in the vocational programs in health at the secondary and post-secondary levels in West Virginia. The job titles covered are

Nursing Assistant, Nurse Aid, Orderly
Medical Assistant
Dental Assistant
Respiratory Therapist
Medical Laboratory Assistant
Emergency Medical Technician (EMT)
Surgical Technician
Licensed Practical Nurse (LPN)
Ward Clerk

The initial list of competencies was derived from the following procedures.

1. Review of applicable sections of the Dictionary of Occupational Titles.
2. Consultation with representatives from the Kanawha Office of Employment Security.
3. Review of Competencies taught in the State's vocational programs.

The list was sent to the State Health Supervisor and instructors and to workers in the field throughout West Virginia. Field specialists were consulted during the curriculum development.

III. FUNCTIONS OF THE DEVELOPMENT COMMITTEE

The developmental committee was established to guide the curriculum. The committee consisted of Loretta Cole, Health Supervisor; Bob Martin, Career Education Supervisor, and Dr. Fred Harrington, State Curriculum Supervisor. The committee met on several occasions for the following purposes

1. Clarify project objectives and establish a tentative format for the curriculum.
2. Establish procedure for competency validation.
3. Establish procedures for prevention of and removal of sex role stereotyping and sex bias.
4. Review and establish reading levels of the curriculum.

IV. PROGRAM ORGANIZATION

The following is a listing of the modules and competencies included in the curriculum. There is approximately 56 hours of instruction included.

MODULE: EMERGENCY MEDICAL TECHNICIAN
TOTAL TIME: 9 hours

1.	Transport victims short distances to litter and/or ambulance.	1 1/2 hrs.
2.	Treats minor wounds	2 hrs.
3.	Apply Splints	1 1/2 hrs.
4.	Check victim for type of injuries	2 hrs.
5.	Identify major equipment found on an ambulance	2 hrs.

MODULE: SURGICAL TECHNICIAN
TOTAL TIME: 6 hours

1.	Prepare self and team by scrubbing and putting on caps, masks, gowns and rubber gloves.	1 hr.
2.	Wash, shave and sterilize patient's operative area.	2 1/2 hrs.
3.	Identifies and handles surgical instruments.	2 1/2 hrs.

MODULE: MEDICAL LABORATORY TECHNICIAN
TOTAL TIME: 5 hours

1.	Test urine	2 hrs.
2.	Identify blood tests	1 hr.
3.	Test for blood types	2 hrs.

MODULE: DENTAL ASSISTANT
TOTAL TIME: 5 1/2 hours

1.	Identify teeth	3 hrs.
2.	Teach how to take care of teeth	2 1/2 hrs.
3.	Keep patient treatment records	1 hr.

MODULE: WARD CLERK
TOTAL TIME: 6 1/2 hours

1.	Identifies contents of patient chart	2 hrs.
2.	Schedules tests and treatments as ordered by the doctor	1 1/2 hrs.
3.	Keep vital signs graph	1 1/2 hrs.
4.	Identifies medical terms	1 1/2 hrs.

MODULE: NURSE'S AID/ORDERLY
TOTAL TIME: 5 hours

1.	Take pulse and temperature	1 1/2 hrs.
2.	Help patient turn, sit and move in and out of chairs and beds	1 1/2 hrs.
3.	Serves and feeds patients who need help	2 hrs.

MODULE: RESPIRATORY THERAPIST
TOTAL TIME: 7 hours

1.	Identify and explain how machines can help patient's breathe	3 hrs.
2.	Perform CPR	4 hrs.

MODULE: Licensed Practical Nurse (LPN)
TOTAL TIME: 6 hours

1.	Observe patient and write down what you see in nurse's notes	1 1/2 hrs.
2.	Write nursing care plans	3 hrs.
3.	Notes time and amount of medicine on patient's chart	1 1/2 hrs.

MODULE: MEDICAL ASSISTANT
TOTAL TIME: 6 hours

1.	Take blood pressure	1 1/2 hrs.
2.	Take pulse and temperature	1 hr.
3.	Identify basic equipment used in physical examination	1 1/2 hrs.
4.	Complete insurance forms	2 1/2 hrs.

MODULE: DENTAL LABORATORY TECHNICIAN
TOTAL TIME: 1 hour

1.	Match color and shape of real teeth to false teeth	1 hr.

V. RESOURCES

The following is a listing of the organizations you, or your students could contact for more information on the various career opportunities.

Dental Assistant

American Dental Association
211 E. Chicago Avenue
Chicago, Illinois 60611

Division of Dentistry, Public Health Services
U.S. Dept. of Health, ED. & Welfare
900 Rockville Pike
Bethesda, MD 20014

Practical Nursing

National League for Nursing
10 Columbus Circle
New York, NY 10019

National Association for Practical
Nurse Education and Service Inc.
122 East 42nd Street
New York, NY 10017

National Federation of Licensed Practical
Nurses
250 West 57th Street
Suite 323
New York, NY 10019

Operating Room Technician

Association of Operating Room Technicians
1100 West Littleton Boulevard
Suite 201
Littleton, Colorado 80120

Medical Assistant

American Association of Medical Assistants
One East Wacker Drive
Chicago, Illinois 60601

Medical Laboratory Technicians

American Society of Clinical Pathologist
2100 W. Harison
Chicago, Illinois 60612

Respiratory Therapists

American Association for Respiratory Therapists
7411 Hines Place
Dallas, TX 75235

Dental Laboratory Technicians

National Association of Dental Laboratories
3801 Mt. Vernon Avenue
Alexandria, Virginia 22305

Division of Dentistry, Public Health Services
U.S. Dept. of HEW
9000 Rockville Pike
Bethesda, MD 20014

Emergency Medical Technician

National Registry of Emergency Medical Technicians
1395 East Dublin - Granville Rd.
P.O. Box 29233
Columbus, OH 43229

Nurse Aid/Orderly

Division of Careers and Recruitment
American Hospital Association
840 N. Lake Shore Dr.
Chicago, IL 60611

VI. IMPLEMENTATION OF CURRICULUM

The following guide was developed to aid in the day to day implementation of the prevocational health curriculum.

The aid includes the following section for each Student Competency Sheet.

1. Competency
2. Summary of Learning Activities
3. Time Involved
4. Equipment Needed
5. Summary and/or answers to Evaluation
6. Special Notes/Conditions

The guide does not include regular instructor activities such as supervising student's practice, or checking student progress.

EMT

Competency

Transport victims short distances to litter and/or ambulance.

Summary of Learning Activities

Students will read worksheets and practice transporting victims by themselves, with help and using blankets.

Time Involved

1½ hrs.

Equipment Needed

Straight back chair
blanket

Summary of Evaluation

1. Students will list the steps and safety precautions to be followed when transferring victims.

2. Students will demonstrate the five different transfers described in the worksheets.

EMT

Competency

Treats minor wounds.

Summary of Learning Activities

Students will brainstorm to list ways of obtaining open and closed wounds. Student will complete worksheets which instruct them in treating bleeding wounds, infections and closed wounds.

Time Involved

2 hours

Summary of Evaluation

1. Students are given three wound descriptions. They must describe, in writing, how they would treat the wounds.

2. They must describe orally how to stop bleeding by direct pressure and elevation.

EMT

Competency

Apply splints.

Summary of Learning Activities

Students will brainstorm about materials which could be used for splints in an emergency situation. They will read and practice how to apply splints for the following broken bones: Shoulder, collarbone, upper arm; wrist, forearm, legs, ankle and foot.

Equipment Needed

Wooden splints and rags

Time Involved

1 1/2 hours.

Summary of Evaluation

Students will describe how and why splints are used. They will apply a splint on a student.

EMT

Competency

Check victim for type of injuries.

Summary of Learning Activities

Students will attend a lecture by an EMT. The major focus will be on the victim, and how EMT's assess the injuries. Students will then follow worksheets and practice making primary and secondary checks.

Time Involved

2 hours.

Summary of Evaluation

Students will identify assessment steps as being primary or secondary.

EMT

Competency

Identify major equipment found on an ambulance.

Summary of Learning Activities

Students will attend a lecture/demonstration by an EMT on the use of equipment in an ambulance. They will list the major pieces of equipment and write what it is used for. The students will also draw the inside of an ambulance and the major equipment.

Time Involved

2 hours.

Equipment Needed

Emergency vehicle

Summary of Evaluation

You or an EMT will ask the students to identify five pieces of equipment and locate 3 pieces of equipment inside an ambulance.

SURGICAL TECHNICIAN

Competency

Identifies and handles surgical instruments.

Summary of Learning Activities

The students will be exposed to the most basic instruments utilized by surgical technicians. You should make arrangements to have a surgical technician visit the class.

Time Involved

2 1/2 hours

Equipment Needed

If you could beg, borrow or steal some of the instruments described in the Learning Activities, the students would learn the instruments faster. If no instruments can be obtained, you will have to improvise in order for the students to practice handing the instruments back and forth.

Summary of Evaluation

Students will identify and describe the purpose of nine surgical instruments. Students will also demonstrate how to handle the instruments.

SURGICAL TECHNICIAN

Competency

Prepares self and team by scrubbing and putting on caps, masks, gowns and rubber gloves.

Summary of Learning Activities

Students will learn how to scrub and put on surgical clothes.

Time Involved

1 hour

Equipment Needed

1. Sink
2. Soap
3. Talc
4. Surgical cap, mask, gown
5. Surgical rubber gloves

Summary of Evaluation

Students must scrub their hands and put on caps, masks, gowns and rubber gloves. They will also assist another student to do the same.

SURGICAL TECHNICIAN

Competency

Wash, shave and sterilize patients' operative area.

Summary of Learning Activities

Students will learn the areas to be shaved and sterilized for specific operations. They will learn the procedures for shaving an area, and will practice by preparing a student for wrist surgery.

Time Involved

2 1/2 hours

Equipment Needed

Razors, soap, towels

Summary of Evaluation

Students will explain why it is necessary to shave, wash and sterilize a patient for surgery. They will also draw a picture to illustrate how to prepare a patient for three different operations.

MEDICAL LAB TECHNICIAN

Competency

Test urine

Summary of Learning Activities

Student will read and complete Worksheets which explain the different tests which can be run in urine. The students will test their own urine.

*You may want to ask a science instructor to visit the class and explain the different elements found in urine.

Time Involved

2 hours

Equipment Needed

Chemstrips and containers for urine.

Summary of Evaluation

Students will test urine and explain the results to you.

MEDICAL LAB TECHNICIAN

Competency

Identify blood tests

Summary of Learning Activities

Students will attend a lecture by a guest MLT on Blood Tests. They will also read and complete Worksheets on the descriptions of blood tests and test request forms used by many hospitals.

Time Involved

1 hour

Summary of Evaluation

Students will fill out a blood test form for a patient. Answers follow.

MEDICAL LAB TECHNICIAN

Competency

Test for blood types

Summary of Learning Activities

Students will read a worksheet which explains the different types of blood. You will lead a class discussion on the importance of blood types and how this contributes to high pressure working conditions for MLT's. You may want to bring in a guest speaker for this purpose. Students will read and explain blood typing procedures and then type 2 peoples's blood.

Time Involved

2 hours

Equipment Needed

Again, this is a beg, borrow and steal situation. Many hospitals will be willing to donate the small amount of supplies you may need.

1. Slides
2. Anti-A serum
3. Anti-B serum
4. Anti-AB serum
5. Metal Stylus
6. Antiseptic
7. Cotton Balls
8. 2-minute timer or watch

Summary of Evaluation

Students will type your blood. You may feel free to get a substitute for this day. Students will be expected to tell why blood typing is important. They will be expected to cover the information in Worksheet A.

WORKSHEET A

ANSWERS

1. O
2. O
3. O
4. No, No, No

DENTAL ASSISTANT

Competency

Identify teeth.

Summary of Learning Activities

This activity should be completed first. Students will learn the names of the teeth and how to divide the mouth into 4 symmetrical sections. They will examine 2 student's mouths.

Time Involved

3 hours

Summary of Evaluation

Students will identify teeth from drawing. Answers follow.

ANSWER SHEET

EVALUATION

DENTAL ASSISTANT

a. central incisor

b. lateral incisor

c. cuspid (canine)

d. 1st bicuspid

e. 2nd bicuspid

f. 1st molar

g. 2nd molar

h. 3rd molar (wisdom tooth)

i. central incisor

j. lateral incisor

k. cuspid

l. 1st bicuspid

m. 2nd bicuspid

n. 1st molar

o. 2nd molar

p. 3rd molar

DENTAL ASSISTANT

Competency

Teach how to take care of teeth.

Summary of Learning Activities

Students will attend a lecture by the school nurse on how to take care of teeth. You must quiz the students on the information. They will them prepare and present a 15 minute talk on how to care for teeth.

Time Involved

2 1/2 hours.

Equipment Needed

tooth brush, tooth paste, dental floss

Summary of Evaluation

Students will give their presentation to a group of elementary children. They must answer any questions the children may have.

DENTAL ASSISTANT

*STUDENTS MUST COMPLETE "IDENTIFYING TEETH" PRIOR TO THIS COMPETENCY.

Competency

Keep patient treatment records.

Summary of Learning Activities

Students will learn the sections of a patient's record found in a dentist's office. They will practice filling out forms.

Time Involved

1 hour

Summary of Evaluation

Students will fill out a patient record form for you.

Name Grumppe -- Rachel (Last / Middle / First)

Address (your address) (Street / City / State / Zip)

Phone H (your number)

W

Work Address (Your address)

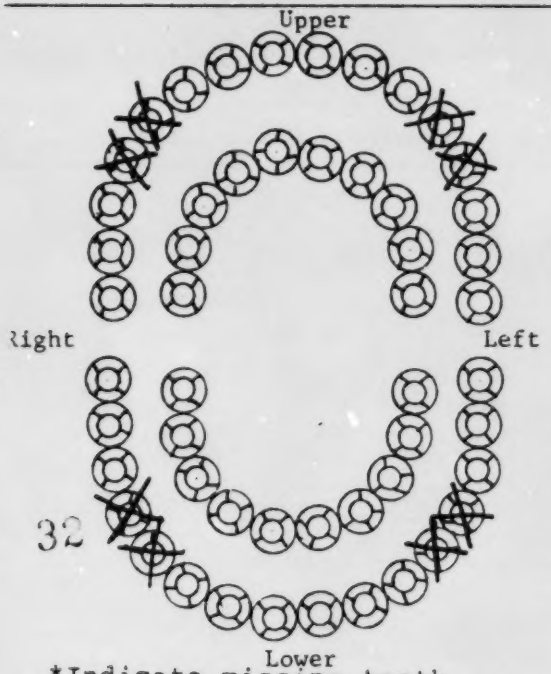
Physician

ANSWERS
WORKSHEET B
ACTIVITY 2

Physical condition
History of bleeding
Allergy to anesthetic
Other allergies penicillin
Heart ailments
Infectious hepatitis
Rheumatic fever

Diabetes X
Anemia
Blood pressure
Previous work
Dentures
Abnormalities
Oral conditions
teeth & gums

Shade of dentures



*Indicate missing teeth with an X
Gold
Amalgam and silicate

TREATMENT RECORD

Number of Teeth	Description of Service	Date mo/da/yr	Fee
	Dentures	(Present Date)	
			32

WARD CLERK

Competency

Identifies contents of patient's charts.

Summary of Learning Activities

Students will become familiar with the contents of a patient's charts. They will identify the order in which they appear. Worksheet A contains most of the facts. They will practice putting the forms in order with another student.

Time Involved

2 hours

Equipment Needed

None

Summary of Evaluation

Students will match forms with a description and then write the forms in the order in which they appear in the chart. Answers follow.

WARD CLERK

Competency

Schedules tests and treatments as ordered by the doctor.

Summary of Learning Activities

Student will read the procedures most hospitals use. They will practice completing the forms and recording the tests in the chart.

Time Involved

1 1/2 hour

Equipment Needed

None

Summary of Evaluation

Students will be given information on two patients. They must schedule three tests and record the tests in the charts. Answers follow.

WARD CLERK

*STUDENT MUST COMPLETE LPN OR MEDICAL ASSISTANT BEFORE THIS COMPETENCY. THEY NEED TO KNOW HOW TO TAKE TEMPERATURE, PULSE AND RESPIRATION.

Competency

Keep vital signs graph.

Summary of Learning Activities

Student's will read worksheets on how to read a graph and the contents of a vital signs graph. They will then keep a graph for one week on a fellow student.

Time Involved

1 1/2 hours (Does not include recording vital signs for one week.)

Equipment Needed

Thermometer, alcohol

Summary of Evaluation

Students will chart a vital signs graph from nurses notes. Answers follow.

WARD CLERK

Competency

Identifies medical terms.

Summary of Learning Activities

Students will read three worksheets which cover standard abbreviations and practice using them by rewriting sentences and prescription drug bottles.

Time Involved

1 1/2 hours

Equipment Needed

None

Summary of Evaluation

Students will identify 15 abbreviations. Answers follow.

NURSE'S AID (ORDERLY)

Competency

Take pulse and temperature.

Summary of Learning Activities

Students will read worksheets on the procedures followed when taking pulse and temperature. They will learn how to read a thermometer. Practice is given for each skill.

Time Involved

1 hour

Equipment Needed

Watch
Thermometer
Alcohol

Summary of Evaluation

Students will take your pulse and temperature and record the results.

NURSE AID/ORDERLY

Competency

Help patient turn, sit and move in and out of chairs and beds.

Summary of Learning Activities

Students will read and practice how to lift heavy objects, assist a patient turn, sit and move in and out of chairs and beds.

Time Involved

1 1/2 hours

Equipment Needed

Wheelchair and bed

Summary of Evaluation

You will direct the student to lift, turn or set up a patient. They must list the steps you will follow, tell why the patient will be turned and demonstrate the lift/turn.

NURSE'S AID/ORDERLY

Competency

Serves and feeds patients who need help.

Summary of Learning Activities

Students will read and practice feeding patients who need help. They will write descriptions of how they would serve and feed special cases.

Time Involved

2 hours

Equipment Needed

Food tray, food

Summary of Evaluation

Students will feed another student who is pretending to be paralyzed on their left side.

RESPIRATORY THERAPIST

Competency

Identify and explain how machines can help patients breathe.

Summary of Learning Activities

Students will be lectured on air pressure in the beginning. You can do this or ask another teacher to do so. The students will read about the various types of machines and visit a local hospital to talk to a respiratory therapist.

Time Involved

3 hours

Equipment Needed

None

Summary of Evaluation

Students will match respirators with their description. Answers follow.

RESPIRATORY THERAPIST

Competency

Perform CPR

Summary of Learning Activities

Arrange for CPR instruction in order for the students to become certified in CPR.

Time Involved

4 Hours

Equipment Needed

To be furnished by CPR instructor.

Summary of Evaluation

Students must pass CPR certification requirements

LPN

Competency

Observe patient and write down what you see in nurse's notes.

Summary of Learning Activities

Students will read and practice questioning a patient to gain sufficient knowledge to complete the nurse's notes form.

Time Involved

1 1/2 hours

Equipment Needed

None

Summary of Evaluation

Pretend you are a patient. The students will complete nurse's notes for you.

LPN

Competency

Write nursing care plans.

Summary of Learning Activities

Students will list everything they need in one day and compare it to patient needs. They will then read and practice cutting admission histories and care plans.

Time Involved

3 hours

Equipment Needed

None

Summary of Evaluation

You will pretend you are a patient. The students will complete an admission history and write a care plan for you.

LPN

Competency

Notes time and amount of medicine on patient's chart.

Summary of Learning Activities

Students will read about common drugs. They will also read and practice writing medication records and abbreviations.

Time Involved

1 1/2 hours

Equipment Needed

None

Summary of Evaluation

Students will write the medication described in the proper order, using the necessary abbreviations. Answers follow.

Kelly, Becci

EVALUATION
ANSWERS

BAND AID GENERAL HOSPITAL
CHARLESTON, W.VA.

ALLERGIC TO:

Identification Plate

START DATE	MEDICATION - DOSE ROUTE - TIME		DATE 3/20/19-		3/21/19-		3/22/19-		3/23/19-		3/24/19-		3/25/19-	
March 20 19-	5mg. DARVON po t.i.d.	AM	8:00		8:00		8:00		8:00		8:00		8:00	
		PM	12:00	8:00	12:00	8:00	12:00	8:00	12:00	8:00	12:00	8:00	12:00	8:00
March 20 19-	1 placebo p.o.	AM												
		PM	3:00		3:00		3:00		3:00		3:00		3:00	
		AM												
		PM												
		AM												
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		PM												

DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" & ONE DOSE MEDS
3/20/19-	10:00 am	5mg Deamamine p.o.						
3/20/19-	10:00 am	10cc Maylox p.o.						

SIGNATURES: Fred Jones LPN
Terri Williams RN

MEDICATION RECORD 03-19-031

MEDICAL ASSISTANT

Competency

Take blood pressures.

Summary of Learning Activities

Students will list activities that cause their blood pressure to rise. They will read the definition of blood pressure and how to take it. They will identify the equipment and its cure. They will practice taking blood pressure.

Time Involved

1 1/2 hours

Equipment Needed

Your shcool nurse should have access to this equipment:
Stethoscope
Sphygmomanometer
Cuff
Pump valve

Summary of Evaluation

Students will take and record your blood pressure. They must use and store the equipment.

ANSWERS

WORKSHEET B

a. 118

b. 106

c. 142

d. 134

e. 120

MEDICAL ASSISTANT

Competency

Take pulse and temperature.

Summary of Learning Activities

Students will read about taking pulse and temperature and practice on students in the room.

Time Involved

1 hour

Equipment Needed

thermometer
watch with a second hand
alcohol

Summary of Evaluation

Students will take and record your pulse and temperature.

MEDICAL ASSISTANT

Competency

Identify basic equipment used in a physical examination.

Summary of Learning Activities

Make arrangements for a medical assistant to lecture your class on his/her role in a physical examination. The students will read and practice identifying the instruments and set up an examination tray.

Time Involved

1 1/2 hours.

Equipment Needed

(The medical assistant should bring as many items as possible.)

flashlight
gloves (rubber)
percussion hammer
tongue depressors
cotton balls
emesis basin
vaginal speculum
tissues
lubricant
tape measure
nasal speculum
otoscope
opthamalscope
blood pressure cuff
stethoscope

Summary of Evaluation

Students will fill out an insurance form for a case described.

EVALUATION

ANSWERS

1. c percussion hammer
2. g lubrication
3. a gloves
4. i tongue depressors
5. b blood pressure cuff
6. f emesis basin
7. d tape measure
8. o cotton balls in antiseptic solution
9. h nasal speculum
10. n vaginal speculum
11. e stethoscope
12. j flashlight
13. k ophthalmoscope
14. m tissues
15. l otoscope

MEDICAL ASSISTANT

Competency

Complete insurance forms.

Summary of Learning Activities

Students will read worksheets which described common insurance forms and directions for completing them. They will complete forms.

Time Involved

2 1/2 hours

Equipment Needed

None

Summary of Evaluation

Students will fill out an insurance form for a case described.

EVALUATION ANSWERS

Form 1 - (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

H — REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name Jill Miller and Address Cross Lanes, WV Age 8
3. Person Insured Joan Miller, 301 Cardinal Lane, Cross Lanes, WV 25301 (ADDRESS)
4. Employer's Name Long Associates, 704 Rebecca St., Charleston, WV 25302 (ADDRESS)
5. Policy Number Group #612 Certificate #238-90-8530 (IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.)
6. Attending Physician Gretta Vance, M.D., Brooks Medical Bldg., Charleston, WV 25304 (ADDRESS)
7. Diagnosis: Final Inflammation and infection of tonsils
8. Admission Date 9/14/80 Hour 9:00 A.M. ~~P.M.~~ Dismissal Date 9/17/80 Hour 4:00 ~~A.M.~~ P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? None

DATE OF THIS REPORT

SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE

HC — HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge

XX	Ward 4 days at $90.00	Total $360.00	
☐	Semi-Private " " $ "	$	
☐	Private " " $ "	$	

Other Charges

Drugs $54.00	$ 54.00	SEE ITEMIZED STATEMENT ATTACHED
Laboratory $30.00	$ 30.00	
X-Ray $15.00	$ 15.00	
Operating or Del. Room $75.00	$ 75.00	
Anesthesia $57.00	$ 57.00	
Dressings	$	
EKG - BMR	$	
Oxygen	$	
Emergency Room	$	
Sub Total	$	
W. Va. Sales Tax $.03 on the dollar	$ 17.73	
TOTAL	$608.73	

Our Federal Employer ID

5	5	-	0	4	0	1	9	0	0

A — ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ SIGNED: 53 PATIENT OR PERSON HAVING CUSTODY OF PATIENT

EVALUATION ANSWERS

P CLAIMANT'S STATEMENT FOR HOSPITAL AND/OR SURGICAL BENEFITS

(To be personally completed by the Insured)

1. What was the nature of the illness or injury? _____

   (a) If injury, date it happened? _____ (b) How did it happen? _____

2. On what date were symptoms or illness first noticed? _____

3. Name of first physician consulted? _____ Date consulted? _____

4. When previously troubled with this or a similar condition? _____

5. What other medical or surgical treatment has been received during the past five years? (Give dates, nature of illness, or injuries, and names and addresses of attending physicians) _____

6. What other insurance do you have? _____ (accident, disability, hospital, or medical expense)

   _____ (Name of Company)

7. If claim is made for a dependent covered by policy, answer following:

   Name of dependent _____ Age _____ Relationship _____

   I declare the above questions have been answered truly and completely.

Dated _____ Signed: _____

Street _____ City _____ State _____

D ATTENDING PHYSICIAN'S REPORT

1. On what date did you first attend Patient for this condition? September 13, 1980
2. Describe in full the illness or injury with complete diagnosis Inflammed and infected tonsils

   (a) Contributing cause or conditions? _____

3. Has the Patient previously suffered from the same or similar conditions? No
4. In your professional opinion, how long has this condition been present? Four days to one week
5. How long has Patient known of these symptoms? Same as above
6. Dates patient totally disabled from work: From N/A, 19__ to _____, 19__
7. Dates patient partially disabled from work: From N/A, 19__ to _____, 19__
8. Dates patient confined: From September 14, 1980 to September 26, 1980
9. Description of medical treatment, obstetrical or surgical procedure (Name and date of each operation) _____

   Tonsillectomy Fee charged $400.00

   _____ Fee charged $_____

10. What other physicians have treated Patient in the past? _____
11. Has patient any chronic or constitutional disease or physical defect? (Give details) No
12. Indicate non-surgical and non-obstetrical visits. "O" for Office — "H" for Hospital — "R" for Residence:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September													O		H	H	H								O						

13. To what other companies, including workman's compensation, have you reported this claim? _____

Dated _____ Physician's Signature _____

Office Address _____

City _____

Due to the great volume and variety of insurance reporting forms, adoption of this West Virginia Standard Insurance Reporting Form has been made necessary. It has been approved by the West Virginia State Insurance Commissioner, The West Virginia Association of Accident and Health Underwriters, Inc. and The West Virginia Hospital Association.

WORKSHEET B ANSWERS

CLAIMANT'S STATEMENT FOR HOSPITAL AND/OR SURGICAL BENEFITS

(To be personally completed by the Insured)

P

What was the nature of the illness or injury? _____

(a) If injury, date it happened? _____ (b) How did it happen? _____

2. On what date were symptoms or illness first noticed? _____
3. Name of first physician consulted? _____ Date consulted? _____
4. When previously troubled with this or a similar condition? _____
5. What other medical or surgical treatment has been received during the past five years? (Give dates, nature of illness, or injuries, and names and addresses of attending physicians) _____
6. What other insurance do you have? _____ (accident, disability, hospital, or medical expense)

(Name of Company)

7. If claim is made for a dependent covered by policy, answer following:

Name of dependent _____ Age _____ Relationship _____

I declare the above questions have been answered truly and completely.

Dated _____ Signed: _____

Street _____ City _____ State _____

D

ATTENDING PHYSICIAN'S REPORT

1. On what date did you first attend Patient for this condition? May 19, 1980
2. Describe in full the illness or injury with complete diagnosis Compound fracture of right femur.

(a) Contributing cause or conditions? Two left feet.

3. Has the Patient previously suffered from the same or similar conditions? Yes
4. In your professional opinion, how long has this condition been present? Since birth
5. How long has Patient known of these symptoms? N/A
6. Dates patient totally disabled from work: From _____, 19____ to _____, 19____
7. Dates patient partially disabled from work: From _____, 19____ to _____, 19____
8. Dates patient confined: From _____, 19____ to _____, 19____.
9. Description of medical treatment, obstetrical or surgical procedure (Name and date of each operation)

Right femur was reset and cast. Fee charged $_____

_____ Fee charged $_____

10. What other physicians have treated Patient in the past? _____
11. Has patient any chronic or constitutional disease or physical defect? (Give details) _____
12. Indicate non-surgical and non-obstetrical visits: "O" for Office — "H" for Hospital — "R" for Residence:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																				H	H										
August															O															O	

13. To what other companies, including workman's compensation, have you reported this claim? None

Dated September 2, 1980 Physician's Signature _____

Office Address 215 Virginia Street, East

City Charleston, WV 25302

Due to the great volume and variety of insurance reporting forms, adoption of this West Virginia Standard Insurance Reporting Form has been made necessary. It has been approved by the West Virginia State Insurance Commissioner, The West Virginia Association of Accident and Health Underwriters, Inc. and The West Virginia Hospital Association.

WORKSHEET B ANSWERS

Form 1 (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

H — REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name Sam Smith and Address 1319 Pear Street, St. Albans Age 19
3. Person Insured Sam Smith 1319 Pear Street, St. Albans, WV 25177 (ADDRESS)
4. Employer's Name K-Mart, St. Albans Mall, St. Albans, WV (ADDRESS)
5. Policy Number Group #304 Policy #233-64-4968 (IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.)
6. Attending Physician Gordon Jones, M.D. 215 Virginia Street, West, Charleston, WV 25302 (ADDRESS)
7. Diagnosis: Final Leg Fracture
8. Admission Date 5/19/80 Hour 3:45 ~~A.M.~~ P.M. Dismissal Date 5/21/80 Hour 12:00 ~~A.M.~~ P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? None

6/1/80
DATE OF THIS REPORT

SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE

HC — HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge	☐ Ward ____ days at $____	Total $____	
	☒ Semi-Private 3 " " $110.00 "	$330.00	
	☐ Private ____ " " $____ "	$____	
Other Charges	Drugs $15.00	$ 15.00	SEE ITEMIZED STATEMENT ATTACHED
	Laboratory N/A	$____	
	X-Ray 3 at $25.00 each	$ 75.00	
	Operating or Del. Room $75.00	$ 75.00	
	Anesthesia $40.00	$ 40.00	
	Dressings Cast $50.00	$ 50.00	
	EKG - BMR N/A	$____	
	Oxygen N/A	$____	
	Emergency Room $75.00	$ 75.00	
	Sub Total	$____	
	W. Va. Sales Tax $19.80	$ 19.80	
	TOTAL	$679.80	

Our Federal Employer ID

5	5	-	0	4	0	1	9	0	0

A — ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired

Date _____ SIGNED: 50 PATIENT OR PERSON HAVING CUSTODY OF PATIENT

DENTAL LABORATORY TECHNICIAN

Competency

Match color and shape of real teeth to false teeth.

Summary of Learning Activities

Students will visit a dental lab to observe how to match color and shape of teeth. Students will practice matching color and shape.

Time Involved

1 hour

Equipment Needed

Color charts

Summary of Evaluation

Students will match the color and shape of the instructor's teeth.

Module 01 Emergency Medical Technician

Competency Statements

01 Transport victims short distances to litter and/or ambulance.
02 Treats minor wounds.
03 Apply Splints.
04 Check victim for type of injuries.
05 Identify major equipment found on an ambulance.

Module 02 Surgical Technician

Competency Statements

01 Prepare self and team by scrubbing and putting on caps, masks, gowns and rubber gloves.
02 Wash, shave and sterilize patient's operative area.
03 Identifies and handles surgical instruments.

Module 03 Medical Laboratory Technician

Competency Statements

01 Test urine.
02 Identify blood tests.
03 Test for blood types.

Module 04 Dental Assistant

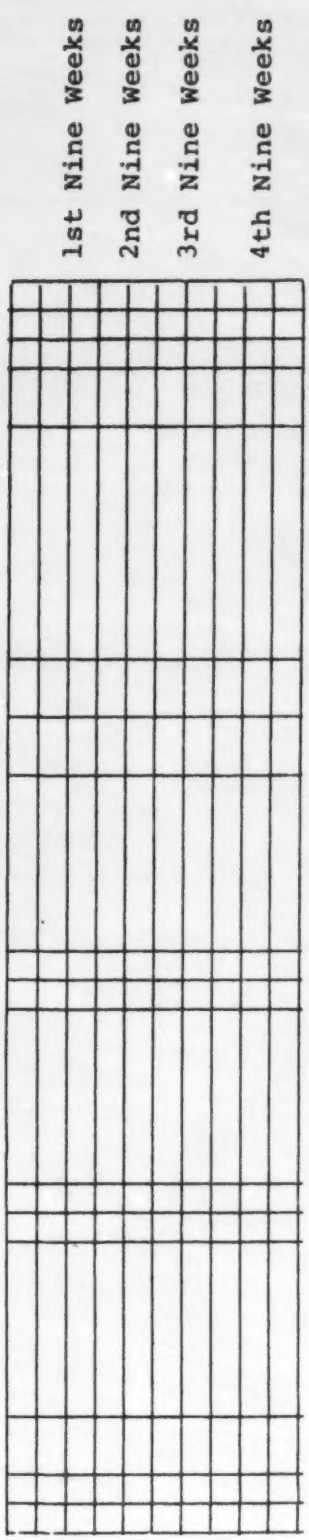
Competency Statements

01 Identify teeth.
02 Teach how to take care of teeth.
03 Keep patient treatment records.

Module 05 Ward Clerk

Competency Statements

01 Identifies contents of patient chart.
02 Schedules tests and treatments as ordered by the doctor.
03 Keep vital signs graph.
04 Identifies medical terms.



1st Nine Weeks | 2nd Nine Weeks | 3rd Nine Weeks | 4th Nine Weeks

Module 06 NURSE'S AID/ORDERLY

Competency Statements

01 Take pulse and temperature.
02 Help patient turn, sit and move in and out of chairs and beds.
03 Serves and feeds patients who need help.

Module 07 Respiratory Therapist

Competency Statements

01 Identify and explain how machines can help patients breathe.
02 Perform CPR.

Module 08 Licensed Practical Nurse (LPN)

Competency Statements

01 Observe patient and write down what you see in nurse's notes.
02 Write nursing care plans.
03 Notes time and amount of medicine on patient's chart.

Module 09 Medical Assistnat

Competency Statements

01 Take blood pressure.
02 Take pulse and temperature.
03 Identify basic equipment used in physical examination.
04 Complete insurance forms.

Module 10 Dental Laboratory Technician

Competency Statement

01 Match color and shape of real teeth to false teeth.